ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM (ADAPCP) ENROLLMENT For use of this form, see AR 40-66; the proponent agency is OTSG								
The person named below is being referred to the ADAPCP for a comprehensive assessment to determine whether or not the individual meets the criteria for enrollment.								
1. Name (Last, First, MI).	2. Rank/Grade.	3. SSN.	4. DOB.	5. Yrs Act/Fed Svc.				
6. Is Servicemember/Employee expected to depart installation within 90 days?	7. Is Servicement on flying status?	nber/Employee	8. Is Servicemember/Employee involved in Personnel Reliability Program?					
YES NO	YES	NO		YES NO				
9. Type of Referral: Biochemical (Type Drug) Self Command Supervisor Investigation/Apprehension Medical Other								
10. Record of Civilian Arrests/Convictions, Courts Martial, Company Punishments, and Disciplinary Problems, including those Pending: (Specific dates and offenses)								
11. Performance: (Give specifics of fair or unsatisfactory ratings)								
Performance/ Efficiency: Behavioral/ Conduct:	Excellent Excellent	Good Good	_ Fair Fair	Unsatisfactory Unsatisfactory				
12. Reasons for Referral: <i>(Check appropriate spaces)</i> a. Physical Signs b. Personality Changes c. Other Behavioral Indicators								
Flushed Face	Flushed FaceIrritability			Decreased Quality of Work				
NervousnessIncreased Defensiveness			Sporadic Work					
Red or Bleary EyesIncreased Use of Excuses			Mood Changes after Lunch					
Hand TremorsIntolerant of Co-workers or Subordinates			Drinking Before Lunch					
Hangovers on the Job			Drinking During the Day					
Minor Illnesses			Drinking After Lunch					
Minor Injuries	Drinking During Duty							
Unexcused Absences	Longer Lunch Hours							
Other	Absenteeism							
d. Behavioral changes needed for soldier/employee to become effective/functioning in until:			Improper Use of Drugs					
			Unusual Excuses for Absences					
				oidance of Supervisor or sociates				
13. PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):								
,								

14. Other Problems:	Financial	Marriage/Family	Medical	Other	(specify)			
15. Is soldier/employe Community Menta	•	elping agencies?	Chaplain	Other _				
16. Commander's/Supervisor's Recommendation:								
No further action needed at this time.								
Soldier/employee needs alcohol and/or drug education.								
I suspect soldier/employee has an alcohol and/or other drug problem.								
Other (specify).								
17. Immediate Superv	isor's Name.		18. Date.		19. Phone.			
20. Commander's/Sup	pervisor's Signatu	re.	21. Date.		22. Phone.			
Record of contact with commanders/supervisors concerning this referral - Record face-to-face rehabilitation team meeting results or telephone concurrences, to include dates of programmatic agreements.								
*TO:		tation team meetings FROM:	Thust also be	DATE:	——————————————————————————————————————			
1. Per your basic memorandum and agreements made during rehabilitation team meeting on, the following actions have been taken by the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) in an effort to assist referred soldier/employee with his/her problem(s): Returned to duty, no further action required. Placed on extended evaluation (30/60 days).								
Alcohol/d	rug education	Date:	Time:		Bldg#:			
					Bldg#:			
2. If you have any questions, please call the following counselor:								
at:								
	Clinical Director							
* Note for Federal Employees: To be completed ONLY with written consent of employee.								